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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Uganda

The Executive Director recommends that the Executive Board approve an amount of $22,800,000 from general resources, subject to the availability of funds, and an amount of $72,827,000 in supplementary funds, subject to the availability of specific-purpose contributions for the country programme of Uganda for the period 1990 to 1995.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. From 1972 until recently, security issues were central to all discussions of Uganda. However, the vast majority of Ugandans now live in peace and security, in an environment conducive to investment and development. But, 15 years of economic decline, war and a high population growth rate have reduced the once exemplary social service infrastructure to a level where even basic services cannot be provided to all citizens. By 1986, total government expenditure for health and education was less than 10 per cent of the real value of expenditure in 1970, and real per capita expenditure was only one half of this already low level. The National Resistance Movement Government is committed to supporting improved social services and has increased the health budget allocation from 2.8 per cent of the total budget in 1986-1987 to 7 per cent in 1988-1989. This amount is still very much short of what is needed.

2. Revitalization of the economy is a government priority. In 1987, a three-year economic recovery programme was initiated and it has received strong support from the donor community. To alleviate the effects of adjustment policies on the poorest members of society, the Government has initiated a Programme to Alleviate Poverty and the Social Cost of Adjustment (PAPSCA) in co-operation with the World Bank and other donors, including UNICEF. PAPSCA presents an opportunity to institutionalize the consideration of social factors in the preparation of macro-economic policy. Since the poorest urban residents had already established subsistence survival strategies during the 1970s and early 1980s, the effects of structural adjustment on the poor are not clear.

3. The economy remains dependent on coffee production, and world price fluctuations have seriously affected foreign exchange earnings. However, the external debt position is improving as debt service has fallen from 60 per cent of foreign exchange earnings in 1987 to 44 per cent in 1989 and is forecast to fall below 29 per cent by 1991.

4. The Government has introduced a system of democratically elected Resistance Committees, which have been established as decision-making units from village to national level. These popular committees offer an opportunity seriously to pursue community participation as a strategy for the delivery of social services and other goals. They provide the first institutionalized channel of communication with the people at household level.

5. The United Nations Population Division reports the infant mortality rate (IMR) to be 102 per 1,000 live births and the under-five mortality rate (U5MR) to be 169 per 1,000 live births, placing Uganda among the very high U5MR countries. The Government's 1988-1989 demographic and health survey estimated IMR for children born between 1982 and 1988 to be 101.2 per 1,000 live births, which was lower than the 1978-1982 rate of 113.9, but higher than the 91.9 rate for children born between 1973 and 1977. U5MR was estimated at 180.4 per 1,000 live births for 1983-1988. The major causes of child morbidity and mortality have not changed since 1981. Malaria, diarrhoea, measles and respiratory tract infections top the list and are responsible for 75 per cent of all under-five deaths. In

1981, measles was the single largest cause of hospital deaths and was responsible for 25 per cent of all mortality. By 1987, owing largely to the expanded programme on immunization, measles deaths dropped to fifth place (7 per cent) and were replaced by malaria and respiratory tract infections.

6. Acquired immunodeficiency syndrome (AIDS) has appeared as a major health risk for women and children, and it may become the most common cause of infant death in urban areas where the rate of human immunodeficiency virus (HIV) infection is thought to be high. By April 1989, 7,500 AIDS cases had been reported. About 16 per cent were among children and virtually all of them were under five years of age. World Health Organization (WHO) models for countries similar to Uganda suggest that AIDS could increase the child death rate by 20 per cent or more in the coming years and offset reductions resulting from disease control programmes. The possible socio-economic effects of AIDS - the reduction of the agricultural labour force, the loss of scarce trained personnel and the creation of large numbers of orphaned children in the worst affected areas - could undermine much of the Government's development effort.

7. The health infrastructure is inadequate and only 23 per cent of the population live within five kilometres of a health unit. Rural units are often understaffed, as trained personnel tend to resist assignment to remote areas. Staff morale is low, and most of the equipment and supplies needed for diagnosis and treatment are not available. Many people prefer to go to private clinics or non-governmental organization (NGO) units which provide 40 to 60 per cent of the nation's curative care.

8. Although a national nutrition survey has never been carried out, local surveys during the past decade have found that under normal circumstances, only about 2 per cent of children are acutely malnourished. However, regional disparities exist, and urban children have a higher risk of both acute and moderate malnutrition. The relationship between growth faltering, disease and feeding practices needs to be better understood so that nutrition education can be made more relevant.

Water and sanitation

9. Although most of the population live within one kilometre of a water source, less than 15 per cent of these sources are protected. Most families draw their water from polluted swamps and rivers. Protectable springs are found in many districts, but in some areas, few surface water sources exist, making ground-water exploitation the only safe alternative. Guinea worm is endemic in several northern districts. Latrine ownership may be as high as 82 per cent, although the quality of construction is frequently poor. Improved refuse disposal practices are virtually non-existent. The combination of unprotected water sources and poor domestic hygiene leads to child diarrhoea and other water-related diseases.

10. While most economic and social sectors contracted between 1972 and 1986, primary school construction greatly increased, owing almost exclusively to community initiatives. Government support, on the other hand, has stagnated. Teachers' salaries have fallen in real terms, and the quality of teachers and

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instruction has dropped in most schools. Some 44 per cent of primary level teachers are untrained and a further 37 per cent are underqualified. Instructional and learning materials are inadequate at all levels from primary school to university.

11. Despite the decline in quality, the demand for education is very high, and the increase in attendance since 1981 has outpaced population growth. In the first year of primary school, 75 per cent of children enter school, with enrolment evenly split between the sexes. But this initial parity quickly drops off, and by the end of primary school, girls comprise only 35 per cent of the class. Female attendance tends to decline as the level of instruction advances.

12. The principal causes of maternal mortality are related to infection and poor pre-natal care, rather than to the physical complications of pregnancy. WHO estimates that the death rate among women of child-bearing age will increase 200 to 300 per cent in countries where HIV infection is high.

13. The weakened role of the State in providing social services has resulted in a direct transfer of responsibilities to women, who finance a substantial share of family health care and education. Women are under great pressure to earn a cash income, but opportunities are largely limited to brewing alcohol and selling prepared food and food crops. Men generally control income from cash crops.

14. Channels for providing women with information about preventive and curative health care are weak. Government extension workers are largely inactive, and print media and television reach only the urban élite. Radio reaches 35 per cent of the population in some areas, but is limited to brief periods due to the high cost of batteries. Only 37 per cent of women belong to community groups or regularly attend public meetings. The Resistance Committees provide a key opportunity for reaching rural women. Although the system is only two years old in most areas, the popularly-elected Committee members are very active in community mobilization.

15. Growing numbers of children are being orphaned by AIDS. Accurate data do not exist on the magnitude of the problem, but informal estimates suggest that as many as 30,000 children may be affected. This number is certain to rise in the future.

PROGRAMME CO-OPERATION, 1985-1989

16. Throughout the programme period, security was a major concern. By late 1985-early 1986, the civil war had brought the programme to a virtual standstill. Vehicles and supplies were stolen, and many international staff and their families were evacuated for several weeks. The programme restarted quickly in 1986, but continuing insecurity isolated northern Uganda in 1987 and 1988. By the end of 1989, security was restored to all areas and programme implementation now operates on a national scale.

Uganda national expanded programme on immunization

17. During the 1985-1988 period, vaccination coverage among infants increased from less than 5 per cent for all antigens in 1984 to 79 per cent for anti-tuberculosis vaccine (BCG), 48 per cent for combined diphtheria/pertussis/tetanus vaccine and three doses of polio vaccine, and 50 per cent for measles by the end of 1988. The returns for the first half of 1989 show a further 20 per cent increase in vaccination coverage. Coverage with two doses of tetanus toxoid (TT2) for women 15 to 49 years of age has been disappointingly low at 14 per cent for 1988, but a promotion strategy developed in 1989 with guidance from WHO is expected to improve coverage.

18. The Uganda national EPI (UNEPI) has received strong support from the Government, including the personal attention of President Yoweri Museveni, at the 1987 relaunching of the project and the 1989 review of immunization coverage with district medical officers. Despite severe budgetary limitations, the Government has made great efforts to improve its financial support for immunization services and has assumed responsibility for 90 per cent of district-level recurrent costs in 1989, as compared to less than 25 per cent in 1986.

19. As one of the first public health projects introduced after the breakdown of health services in the late 1970s, UNEPI has provided a base for the strengthening of all district health services. Substantial progress has been made in integrating UNEPI with other health projects aimed at diarrhoeal diseases, essential drugs, health education and AIDS control, especially for training, monitoring and evaluation.

Control of diarrhoeal diseases

20. Health staff training courses have led to near universal knowledge of oral rehydration therapy (ORT) among middle- and operational-level health workers. As a result of this training and the supply of oral rehydration salts (ORS), in 1987, 74 per cent of mothers knew about ORS and 32 per cent knew how to prepare it. Following the introduction of extension worker training and support in mid-1988, mothers' understanding of the purpose of ORS increased to 88 per cent and 47 per cent knew how to prepare it. But the actual use of ORT remains low.

21. In 1988, the control of diarrhoeal diseases (CDD) project integrated ORS distribution with the essential drugs programme, and regular supplies of ORS are now delivered quarterly to all government and NGO health units. In co-operation with the United States Agency for International Development (USAID), a commercial pharmaceutical firm is developing a capacity to manufacture ORS and is creating private-sector health education strategies for case management.

22. The CDD project has supported research and studies to develop and strengthen its activities. A 1987 survey of rural mothers led to a redirection of training emphasis from static unit health staff to extension workers who have been trained and supported to promote ORT at the household level. Studies of traditional healers and treatment practices for diarrhoeal diseases resulted in expanded

attention to traditional beliefs during health worker training and the development of an ORT promotion initiative for traditional healers.

23. In an effort to promote the prevention of diarrhoeal diseases, the project worked with the water and sanitation programme to develop sanitation and hygiene messages for technical staff and community-based water source caretakers and mechanics.

Maternal and child health and integrated services

24. Activities to strengthen the capacity of the Ministries of Health and Local Government to develop and integrate health projects included the establishment of a revised medical curriculum for Makerere Medical School oriented towards rural-based, low-cost primary health care (PHC); and a national network of district-based, two-way radios to improve communication for supervision. However, security problems continue to prevent radio installations in 17 of the 34 districts. The programme also enhanced capacity to design and print health education materials for the Ministry of Health at a facility that produces all locally printed materials; integrated in-service training programmes incorporating EPI, CDD, essential drugs and AIDS control for 60 per cent of all government and non-governmental health workers; and established a fleet of vehicles for maternal and child health (MCH) supervision in all 34 districts, along with a central garage for vehicle maintenance and the training of drivers and mechanics.

Community-based health care association

25. UNICEF supported the establishment of the Uganda Community-Based Health Care Association (UCBHCA) which includes over 130 NGOs working in PHC. The Association has been an important focus for PHC policy formulation and the standardization of training curricula for community health workers (CHWs) and traditional birth attendants (TBAs). The Government works closely with the Association and looks to it for guidance in policy areas such as health service financing. The Association is exploring the potential of drug sales by CHWs to generate community-based financial support for community-based health care.

Health education and social mobilization

26. Recognizing the urgent need for a strong, district-level public education capacity, especially because of the AIDS pandemic, UNICEF assisted the Government in establishing a district-level health education network with WHO and the Task Force for Child Survival. The project has trained 34 district health educators and 66 assistants who provide professional direction and health education skills while promoting PHC and AIDS control. The health education network develops integrated social mobilization in the Resistance Committee system and trains community leaders and women in health education.

27. The school health education project, launched in 1987, assisted the Ministry of Education in redesigning of the primary school science and health syllabuses. All 8,000 primary schools - over 2.6 million students - now devote at least 12 per cent of teaching time to practical health subjects including EPI, CDD, AIDS

control and water and sanitation. Some 5,800 teachers have been trained in the new syllabus, and teaching materials and pupils' books have been designed and printed. In 1988, an emergency effort was made to brief secondary school students about AIDS control.

Water and sanitation

28. During the programme period, Government staff were trained to operate and maintain modern borehole construction equipment. In one of the most efficient drilling projects in the region, staff used four down-the-hole hammer drilling rigs to dig 1,760 boreholes, thus providing safe water to 485,000 people. Due to insecurity, the borehole drilling project was moved from northern Uganda in 1985-1986 to support an emergency water project in the Luwero district, where 460 new boreholes were drilled in 1986-1987. Luwero was the birthplace of the community-financed pump maintenance system, which is now the national system for borehole maintenance.

29. Hand-pump replacement and spring protection projects were badly affected by the war in 1985-1986, and most project vehicles and supplies were stolen. Despite those constraints, activities were strong in 1986-1989. Over 3,500 hand-pumps were replaced and 1,100 springs were protected, providing safe water to 1.27 million people. The sanitation project suffered similar set-backs and was plagued by management problems and technical design delays. Renewed attention to sanitation was addressed in the area-based programme. The implementation strategy developed there has been incorporated into the national water and sanitation programme.

30. A community education component in the water and sanitation programme targeted CDD and water source maintenance. Visual aids and training materials developed for those activities are being used by other donor-assisted water and sanitation programmes in Uganda.

Area-based programme

31. During the programme period, UNICEF assisted the Ministry of Health in developing the first government project for CHW and TBA training as part of an integrated health and water supply programme in five south-west districts. This area-based programme focused on developing the Resistance Committee structure as a vehicle for sustainable social service delivery and as the driving force behind community development. The programme uses communities' desire for protected water supplies as an entry point for community mobilization, health education, and for generating support for CHWs and TBAs.

32. Community maintenance of boreholes and spring water sources is an important component of the area-based programme. Based on the system developed in Luwero, hand-pump mechanics are selected by their communities to maintain 10 to 20 hand-pumps in their area. The communities pay for the mechanics' services in cash or kind. In areas where the system has operated since 1987, more than 95 per cent of the pumps are in operating order, as compared to less than 25 per cent in non-project areas. A 1989 survey found that extension workers had appointed water source caretakers in 99 per cent of communities. The caretakers demonstrated a

solid understanding of water-related health care, with 80 per cent familiar with water-borne diseases and 57 per cent able to prepare and use ORS correctly.

Lessons learned

33. While overall programme progress has been encouraging, government revenue constraints are a major problem. Recognition of the chronic nature of this issue has prompted several important policy initiatives, including the formation of a national task force on health service financing and the development of systems of community financing for project activities wherever possible. Experiences gained in the area of community financing have been positive, especially in the new Resistance Committee system for water source maintenance and CHW support. However, this approach requires time for communities to internalize the approach, and there is a danger of overloading unpaid volunteers. The potential for generating additional revenue for social services from community financing and improved management is being investigated, but substantial donor assistance will be required for some time in order to maintain present service levels.

34. As projects become more integrated and decentralized, increased emphasis must be laid on the promotion of district-based government staff involvement in project planning and budgeting in order to ensure programme sustainability.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1995

Recommended general resources: $22,800,000
Supplementary funding: $72,827,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health			
Immunization	2 200	16 058	18 258
Control of diarrhoeal diseases	538	3 030	3 568
Other health	5 159	12 784	17 943
Subtotal, Health	7 897	31 872	39 769
Water supply and sanitation	6 282	5 651	11 933
Education	621	4 687	5 308
Area-based programme			
Health	292	4 898	5 190
Water supply and sanitation	256	20 447	20 703
Social mobilization	35	2 822	2 857
Subtotal, Area-base programme	583	28 167	28 750
Programme support			
Project support and social statistics	5 055	-	5 055
Advocacy	1 365	-	1 365
Planning, monitoring and evaluation	347	-	347
Subtotal, Programme support	6 767	-	6 767
Women-centred programme	650	2 450	3 100
Total	22 800	72 827	95 627

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

The programming process

35. In March 1988, the Ministry of Planning and Economic Development organized a mid-term review of the 1985-1989 programme which led to the refinement of projects.

36. A situation analysis was prepared in 1988-1989 which provided the outline of the first draft of the strategy paper for the 1990-1995 programme of co-operation. The strategy was reviewed at a March 1989 meeting. With guidelines developed at the strategy meeting, and under the co-ordination of the Ministry of Planning and Economic Development, participating ministries developed sector programmes comprising a series of project plans of operation. The draft 1990-1995 country programme was refined at a May 1989 programme preview meeting. The programme was then revised at a series of reviews from June to October 1989. All proposed programmes are identified as priority interventions by the Government and appear in the national rehabilitation and development plan for 1988-1992. The programme is consistent with the government policy of promoting rural development and self-reliance through sustainable social services.

Programme strategy

37. From the situation analysis it is clear that continued support to PHC will be needed. The Government strongly confirmed this at the strategy meeting and outlined the need for ongoing assistance for EPI, CDD, community-based health care, MCH support services, health education projects, and rural water supply projects. The emphasis in the new country programme will be to increase the effectiveness of PHC services, further increase the integration and co-ordination of these programmes and optimize social mobilization activities in support of each programme. AIDS prevention will receive special priority in the health education network, school health programme and at all other opportunities to provide information.

38. While the level of donor support for these programmes will need to be maintained in the short run, it is clear that their effectiveness can be increased by improving efficiency. Improved planning, management, budgeting and supervision of services, especially at the district level and below, are needed. To this end, two new projects - district health management and health information systems - have been designed.

39. Both Government and UNICEF have made sustainability a priority of the new programme. Community participation, which is strongly emphasized in the programme through the Resistance Committee structure, is a key element of sustainability. Community management and financing of the pump maintenance system have become the foundation for the area-based programme in which communities are now supporting CHWs. The social mobilization activities of all programmes are designed to provide essential information so that people can fully participate in programmes as "producers" rather than as consumers.

40. The Government fully supports the concerns for PHC sustainability which prompted the Bamako Initiative, and have formed a National Health Financing Task Force to examine strategies for Uganda. UNICEF will provide financial and

technical assistance and will help the Government to implement recommendations through the district health management project.

41. While many of the main causes of morbidity and mortality will be addressed, three other areas of concern were raised at the strategy meeting: malaria; acute respiratory infections; and malnutrition. Strengthening the efficiency and sustainability of the PHC system should improve the treatment and prevention of malaria and ARI, but other actions need to be identified. The Child Development Centre at Makerere University will study the existing situation and identify suitable strategies.

42. The Government recognizes the increased burden on women and faces a major challenge in providing them with information and opportunities to protect their families' health and increase their income. The Government is very supportive of women playing a larger role in the development process, and they see the Resistance Committee structure as an ideal vehicle for providing women with this opportunity. A new programme - women and community mobilization - will institutionalize information channels through the Resistance Committee structure. The programme will focus on providing women with relevant information on health, income generation and other development issues and skills and will encourage their participation in the decision-making process.

Programme goals and objectives

43. The 1990-1995 programme of co-operation will promote priority interventions to improve women and children's chances of survival. Within the framework of the strategies for children in the 1990s, and given the Ugandan context, the Government and UNICEF have agreed that the country programme of co-operation should aim to (a) reduce infant mortality from the present estimated level of 102 per 1,000 live births to 90 per 1,000 live births by the end of 1995; (b) reduce the child death rate - of children one to four years of age - from an estimated 65 per 1,000 live births to 55 per 1,000 live births by the end of 1995; (c) increase access to safe drinking water from 15 to 30 per cent of the population; (d) eliminate guinea worm; (e) improve the quality and relevance of primary school curricula and learning materials and advocate increased attendance from 75 to 80 per cent of school-age children; and (f) provide nutrition education and strengthen growth monitoring to reduce the prevalance of severe malnutrition to below 2 per cent.

Health

44. Many of the key PHC components aimed at reducing infant and child morbidity and mortality have been established by the Government with donor assistance, including UNICEF.

45. The development of these projects over different time periods and circumstances, however, has led to vertically directed activities, with UNEPI and CDD co-operating in many activities, but implementing through parallel structures. Now that the projects are firmly established, the new health programme will emphasize improved integration and co-ordination.

Uganda national expanded programme on immunization

46. The overall objective of this project is to decrease the incidence of vaccine-preventable diseases through immunization. The project aims to increase and sustain vaccine coverage among infants to 95 per cent for BCG, 85 per cent for measles and 80 per cent for three doses each of Polio and DPT vaccines. The target for TT2 for women of child-bearing age (15 to 49 years old) is 60 per cent coverage. To achieve these targets the project will continue to expand the availability of vaccine services, reaching 980 static units and 1,300 outreach sites by 1995. To minimize dependence on the central distribution of kerosene and gas, the solar-powered cold chain will be expanded. At the same time, UNEPI will promote public awareness and motivation through health worker training and social mobilization initiatives.

47. UNICEF will continue to support the strengthening of management, the expansion of the cold-chain and maintenance system and the provision of vaccines, supplies and transport. Health education, promotion and mobilization support will be channelled through the health education network, school health education projects and the women and community mobilization programme. Monitoring systems to improve implementation and assess project impact will be expanded in co-operation with the health information system project. Evaluations and research will continue in association with the CDD project and the Child Development Centre.

Control of diarrhoeal diseases

48. This project aims to reduce infant and child mortality due to diarrhoeal dehydration through the correct administration of ORT in 50 per cent of child diarrhoea cases by 1995. To support this objective, the project will continue to strengthen health education through static unit health worker training, the training and support of the health inspectorate, and mobilization activities through UNEPI channels.

49. CDD-funded studies have identified traditional healers as a primary source of diarrhoeal disease treatment. Therefore, the project will develop training activities to introduce the country's 6,000 traditional healers to ORT and will work with them to strengthen their associations at district and national levels.

50. A local pharmaceutical firm will be assisted in developing the capacity to produce ORS. With technical assistance and financial support from USAID and UNICEF, the factory is expected to produce 3.4 million sachets of ORS per year. The manufacturer will produce ORS for the Ministry of Health and for commercial distribution, thus improving access to ORS for the 43 per cent of families who live more than 10 kilometres from a health unit.

Community-Based Health Care Association

51. Support will continue for UCBHCA. The Association will sponsor training and materials development for CHWs and TBAs, so that 600,000 Ugandans will have access to CHWs by 1995. The Government will develop a community-based health care policy and disseminate health education messages such as Facts for Life to Association members. These activities will be supported with community financing schemes.

Child Development Centre

52. As part of the regional capacity-building project for strengthening African universities, UNICEF will assist the Child Development Centre at Makerere University to undertake community-oriented operational research focused on child survival and development.

Transport and Equipment Maintenance Organization

53. UNICEF will continue to support the Ministry of Health Transport and Equipment Maintenance Organization (TEMO), which is responsible for monitoring the Ministry's fleet of 700 vehicles and motorcycles. Technical assistance and equipment will be provided to develop district-level maintenance systems so that all Ministry of Health vehicles will receive regular repair and maintenance by 1995. The Ministry will assume responsibility for the self-financing operation of the TEMO central garage during the first half of the new programme of co-operation.

Health education network

54. The district health education network, which was established in 1988 with assistance from UNICEF, WHO and the Task Force for Child Survival, will serve as a channel for education about AIDS and other important health issues. The educators will work closely with the Resistance Committees, NGOs and church groups. The network will expand to include all other health mobilization activities.

Health financing and district health management

55. The health financing concerns expressed by African health ministers in Bamako, Mali, in 1987 are strongly supported by the Government of Uganda. UNICEF has supported a national task force on health financing which is examining alternative strategies for the refinancing of the health system. In the 1990-1995 programme of co-operation, UNICEF will support task force studies aimed at identifying viable financing alternatives and pilot projects that test and refine proposed strategies. UNICEF will also support improved management and supervision for existing health services and the large-scale replication of successful financing systems. One of the first exercises of the task force in 1990 will be to develop the project implementation schedule.

56. An improved district health management project will aim to improve the planning, budgeting, management and supervision of integrated basic health service delivery at the district level and below. The project will improve the efficiency of existing resources and the allocation of resources between services and geographic areas.

57. The data collection capacity of the Ministry of Health Planning Unit will be strengthened through the provision of equipment, logistic support and funding for data collection activities so that 20 of the 34 districts will provide routine reporting from health centres and hospitals by 1993. In the remaining 14 districts, sentinel reporting systems will be developed in co-operation with CDD and EPI projects as a cost-effective way of collecting data from selected health units. This system will provide the Ministry of Health with information on

morbidity and mortality and will provide data for the assessment of health project impact.

Emergency response capacity for children in difficult circumstances

58. To limit infant and child deaths and suffering during emergencies, a capacity to respond to unplanned demands will be maintained. UNICEF supports NGOs experienced in emergency activities with quickly disbursed funding and logistic support designed to promote child nutrition surveillance and emergency food distribution. To assist the growing problem of care for children orphaned because of AIDS, community-based support will be required on a very large scale.

Water and sanitation

59. UNICEF will assist the Government to improve water supply and environmental sanitation with the national rural water and sanitation programme and the area-based programme. In the national programme, UNICEF will work with Governments, NGOs and communities on several projects. These will include the expansion of the national community-financed pump maintenance system to support 3,000 hand-pumps, the replacement and repair of 1,400 hand-pumps, the protection of 4,000 springs, the construction of gravity schemes and hand-dug wells, the repair of rainwater catchment systems in selected schools and health units, and the construction of 1,160 demonstration pit latrines. These activities will provide sustainable safe water supplies and health education for 1.7 million people. Activities will be undertaken in six districts annually, with each district receiving assistance for three years. Some 18 districts will be supported over the five years of programme co-operation. In addition to the six districts planned for 1990-1991, emergency assistance for borehole and hand-pump repair will be supported in secure northern districts.

Elimination of guinea worm

60. In the northern districts where guinea worm is found, extensive health education, in co-operation with the Global 2000 Programme, will complement the borehole repair and spring protection activities in an effort to eradicate guinea worm by 1995.

Area-based programme

61. The integrated health, water and sanitation programme aims to improve the health status of 1.5 million individuals through an area-based programme operating in five districts. The programme will support the development of safe water sources through spring protection, borehole drilling, gravity-fed systems, the rehabilitation of old hand-pumps, the establishment of community-financed maintenance systems, health education, and the introduction of community-based health care. Some 1.5 million people will gain access to safe water on a sustainable basis by 1995, and approximately 8,000 people will be trained to provide basic community health education to 500,000 people.

62. The project will test government strategies for community participation in health care and water supply maintenance. These model strategies are already being

replicated in other areas. In 1991-1992, borehole drilling activities will be undertaken in an additional two districts. Community mobilization and health care activities will expand into the new districts and will continue operating in the original programme area.

School health education

63. The school health education project will broaden education topics for primary school pupils and will expand project activities to reach 770,000 secondary students and 8,700 teacher trainers during the 1990-1995 programme of co-operation. To promote the sustainable distribution of health education materials, textbook sales will be introduced through the Uganda bookshop network. The quality of teacher training and classroom performance will be enhanced through monitoring and research activities. A multi-year study to begin in 1990 will assess the impact of the project on community-level health practices.

Women in development

64. UNICEF will work with the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA) to support the Ministry for Women in Development by providing information on life-saving issues through the Resistance Committee structure. The operational strategy will be developed by the Government and donors in the first year of the project.

Advocacy

65. The programme of co-operation will emphasize advocacy for issues of global concern to UNICEF, including those not addressed by substantive programmes. UNICEF is already working with the Government on the Convention on the Rights of the Child and on national legislation that supports many provisions of the Convention. In the new programme, UNICEF will support research and sensitize decision makers on issues concerning women, the impact of adjustment on vulnerable groups, orphans, education (especially for girls) and the environment. Women parliamentarians who have recently been elected as part of the government effort to increase women's participation in decision-making will form a special advocacy group.

Co-operation with the United Nations and other organizations

66. The programme of co-operation has established close working relations with United Nations organizations. As co-ordinator of the Global Programme for AIDS, WHO has been a close partner in the development and implementation of school health education projects and has provided technical assistance to EPI, CDD and sanitation projects. UNDP and UNFPA are working with UNICEF to develop programmes that support women in the development process and the safe motherhood initiative. The World Bank has requested that UNICEF assist with the development of the PAPSCA programme and is working closely with UNICEF on health financing and management projects. The programme co-operates closely with several bilateral aid agencies and NGOs, including USAID for CDD and the Danish International Development Agency (DANIDA) in essential drugs. Save the Children Fund (UK) provides technical assistance to UNEPI. The Task Force for Child Survival is a close partner in health information system support and in the health education network project.

UGANDA

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	169	(1988)	High U5MR
Infant mortality rate	102	(1988)	Very high IMR
GNP per capita	$260	(1987)	Low GNP
Total population	17 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	483	665	785	868
Infant deaths (under 1)	(thousands)	57	75	84	89
Under-five deaths	(thousands)	94	124	140	147
Under-five mortality rate (per 1,000 live births)		194	187	178	169
Infant mortality rate (under 1) (per 1,000 live births)		117	113	107	102

		About 1980	Most recent
Underweight children (under 5) (% weight for age)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%)		..	..
Children completing primary level (% of first grade, 1986)		..	76

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980)		85*/70*/20*	../../..
Prevalence of wasting (%, 1985)		..	3
Prevalence of stunting (%, 1985)		..	32
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		92	95
Food production per capita index (Index 1979-1981=100, 1980/1988)		98	82
Household expenditure (% of total income)	All food/cereals	.. /..	../..

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			5
Access to health services	Total	61*	..
(% of population, 1990)	Urban/rural	90*/57*	../..
Access to safe water	Total	..	20
(% of population, 1986)	Urban/rural	../..	37/18
Access to adequate sanitation	Total	..	30
(% of population, 1986)	Urban/rural	../..	32/30
Births attended by trained personnel (%, 1986)			43
Maternal mortality rate (per 100,000 live births, 1984)			300

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	18	37	74	77
	DPT	9	14	39	40
	Polio	8	13	40	41
	Measles	22	17	48	49
Pregnant women (%) immunized against	Tetanus	20	20	13	14

/...

UGANDA

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	169	(1988)	High USMR
Infant mortality rate	102	(1988)	Very high IMR
GNP per capita	$260	(1987)	Low GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1987)	Total	50/..	70/41
	Male	56/..	76/43
	Female	43/..	63/38
Secondary enrolment ratio (gross/net) (%, 1980/1987)	Total	5/..	13/..
	Male	7/..	16/..
	Female	3/..	9/..
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	41	58
	Male/female	52/30	70/45
Radio/television sets (per 1,000 population, 1980/1987)		30/6	96/6

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	9.8	13.1	15.5	17.2	26.3
Population aged 0-15 years	(millions)	..	6.6	7.8	8.7	13.4
Population aged 0-4 years	(millions)	..	2.6	3.1	3.4	5.2
Urban population (% of total)		8	9	9	10	14
Life expectancy at births (years)	Total	47	49	50	51	56
	Male/female	46/48	47/50	48/52	50/53	54/58
Total fertility rate		6.9	6.9	6.9	6.9	6.5
Crude birth rate (per 1,000 population)		50	50	50	50	47
Crude death rate (per 1,000 population)		19	17	16	15	12

		About 1980	Most recent
Contraceptive prevalence rate (%, 1982/1989)		1	4a/
Population annual growth rate (%, 1965-1980/1980-1988)	Total	2.9	3.4
	Urban	4.1	5.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1987)		-2.2	-2.4
Inflation rate (%, 1965-1980/1980-1987)		22	95
Population in absolute poverty (%)	Urban/rural	.. /..	../..
Household income share (%)	Top 20%/bottom 40%	.. /..	../..
Government expenditure (% of total expenditure, 1980/1987)	Health/education	5/15	2/15
	Defence	25	26
Household expenditure (% of total income)	Health/education	.. /..	../..
Official development assistance: (1980/1987)	US$ millions	114	275
	As % of GNP	5	7
Debt service (% of goods & services exports, 1980/1987)		7	20

a/ Derived from 1988/1989 Demographic and Health Survey.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1986-1989

(Thousands of United States dollars)

COUNTRY: UGANDA
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $10,305,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	1836	3897	201	866	1100	1299	524	2966	3662	9028	12689
Water supply and sanitation	1921	7306	7	83	986	1163	649	1394	3563	9946	13509
Nutrition		206				5	5	33	5	244	249
Education	63	163	62	3			51	43	176	209	385
Women-centred programme							10		10		10
Emergency	18	78				33	38	10	56	121	177
Planning and project support	202	40	7		1768	46	177	220	2154	306	2460
Freight	731	1798						26	731	1824	2555
GRAND TOTAL	4772	13487	277	952	3853	2546	1455	4692	10357	21678	32035

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: UGANDA Period covered: 1990-1995	Funding status	1990	1991	1992	1993	1994	1995	Total
Health								
Immunization	GR	200	400	400	400	400	400	2200
	FSF	2373						2373
	NSF	1308	2885	2925	3025	2945	2970	16058
Control of diarrhoeal diseases	GR	38	100	100	100	100	100	538
	FSF	797						797
	NSF		805	580	580	520	545	3030
Other health	GR	1170	800	790	810	815	774	5159
	FSF	1679						1679
	NSF	16	2042	1955	2263	2897	3613	12784
Subtotal, health	GR	1408	1300	1290	1310	1315	1274	7897
	FSF	4849						4849
	NSF	1324	5732	5460	5868	6362	7128	31872
Water supply and sanitation	GR	440	1260	1167	1185	1075	1155	6282
	FSF	936						936
	NSF	1361	1302	1376	559	613	440	5651
Area-based programme								
Health	GR	292						292
	FSF	155						155
	NSF	153	795	940	965	990	1055	4898
Water supply and sanitation	GR	256 a/						256
	FSF	225						225
	NSF	1434	3134	3977	3707	3997	4198	20447
Social mobilization	GR	35						35
	FSF	168						168
	NSF	77	490	500	530	605	620	2822
Subtotal, area-based programme	GR	583						583
	FSF	548						548
	NSF	1664	4419	5417	5202	5592	5873	28167

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TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING (continued)

(Thousands of United States dollars)

Country: UGANDA Period covered: 1990-1995	Funding status	1990	1991	1992	1993	1994	1995	Total
Programme support Project support and social statistics	GR	775	800	830	855	885	910	5055
Advocacy	GR	250	185	260	195	270	205	1365
Planning, monitoring and evaluation	GR	73	55	53	55	55	56	347
Subtotal, programme support	GR	1098	1040	1143	1105	1210	1171	6767
Education	GR	121	100	100	100	100	100	621
	FSF	1066						1066
	NSF		1178	969	898	838	804	4687
Women-centred programme	GR	150	100	100	100	100	100	650
	NSF	150	400	400	450	500	550	2450
TOTAL	GR	3800	3800	3800	3800	3800	3800	22800
	FSF	7399						7399
	NSF	4499	13031	13622	12977	13905	14795	72827
GRAND TOTAL		15698	16831	17422	16777	17705	18595	103026

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

a/ In addition, $1,000,000 was funded from general resources for unfunded supplementary funding programme.

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TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: UGANDA	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	4	890
Local national Professional and General Service established posts	16	741
Operating costs		723
Total	20	2354
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	10	1768
Supplementary funds	8	1331
Local national Professional and General Service project posts		
General resources	32	397 b/
Supplementary funds	16	200 b/
Total	66	3496

a/ For information source, see 1990 post authorization table, revised October 1989.

b/ Based on latest indicators, resulting in comparatively lower United States dollar equivalents than those arrived at in 1988 for the 1990-1991 budget.

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Annex

SELECTED LIST OF STUDIES AND EVALUATIONS

Programme development and plans of operation and action

1. Children and women in Uganda: a situation analysis, 1989.

2. UNICEF country programme, draft plan of operations 1990-1995.

3. UNICEF country programme, draft plan of action 1990.

4. UNICEF country programme, plan of operations 1985-1990.

Expanded programme on immunization

5. Government of Uganda. Report of the international evaluation of UNEPI/PHC, 1987.

6. Ministry of Health. Expanded programme on immunization/control of diarrhoeal diseases review, 1989.

7. Spanner, Soren. Report on evaluation of solar-powered refrigerators in the UNICEF/UNEPI immunization programme, 1988.

8. Cameron, Charles. Financial analysis of UNEPI, 1987.

9. Rose-Avila, Carolyn. Evaluation of UNEPI training, 1987.

Control of diarrhoeal diseases

10. Government of Uganda. Report of the international evaluation of UNEPI/PHC, 1987.

11. Ministry of Health. Expanded programme on immunization/control of diarrhoeal diseases review, 1989.

12. Egal, Florence, et al. A mid-term evaluation report on the national ORT programme, 1987.

13. Anokbongo, W. W., et al. Traditional methods of diarrhoeal disease management in Uganda, 1988.

Water and sanitation

14. Henderson, Peggy L., et al. Guinea worm disease in northern Uganda: A major public health problem controllable through an effective water programme, 1988.

15. Evaluation report of the UNICEF-assisted emergency water and sanitation project, 1986.

Women and development

16. Action for Development. Survey on women's problems and needs, 1989.

Children in difficult circumstances

17. Nalwanga-Sebina, A., and Sengendo, J. Orphaned and disabled children in Luwero and Kabale Districts and in Uganda child care institutions, 1987.

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UNITED NATIONS CHILDREN'S FUND
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1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Cape Verde

The Executive Director recommends that the Executive Board approve an amount of $1,500,000 from general resources, subject to the availability of funds, and an amount of $5,596,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Cape Verde for the period 1990-1994.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of the 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Cape Verde, an archipelago of 10 islands, 9 of which are inhabited, is situated in the Atlantic Ocean, 500 kilometres off the West African coast. According to the World Bank classification, it is a lower-middle-income country with a per capita gross national product estimated at $500 (1987).

2. Although the economy has a positive growth rate, it remains vulnerable due to the absence of major natural resources and its dependence upon external sources of financing, which amount to 80-90 per cent of the national investment programme. One quarter of household expenses is financed from bank transfers of Cape Verdean emigrants. The positive growth rate is declining, however, due to a decrease in major revenues, particularly transfers from abroad and the use of airport facilities by major international airlines. An expansion and diversification of the economy has been begun in an effort to consolidate the economic progress. It is aimed at increasing domestic output and export as well as decreasing the current unemployment rate of 25 per cent. Special programmes are being developed to limit possible negative consequences of this consolidation process.

3. It is estimated that 20 per cent of the population has an average annual per capita income of less than $100. The incidence of poverty is highest in rural, semi-arid and sub-humid areas; among female-headed households with many children; among families of public works labourers; and among families affected by unemployment.

4. Women constitute 53 per cent of the total population. The situation analysis, which was prepared by the Government and UNICEF, revealed that as a result of significant male emigration, 40 per cent of all heads of households are females, 55 per cent of whom live alone or with their children. One third of all mothers are single. Studies have revealed that 15 per cent of all births are to women under 20 years of age, and that in the two major cities, Praia and Mindelo, 80 per cent of all births take place outside marriage. The average Cape Verdean woman has from four to five children.

5. Officially, legal discrimination does not exist. However, women are more affected by unemployment and illiteracy than men. In Praia, 44 per cent of women are unemployed, compared to 17 per cent of men, while 80 per cent of all illiterates are women. More women than men are in the poorest classes and women earn less than men in similar jobs.

6. Although the establishment and operation of health and other infrastructures is relatively expensive in scarcely populated areas, the health infrastructure is fairly well developed. As a result, 81 per cent of the population live less than one hour's walk from a primary health care (PHC) structure and 49 per cent are less than one hour's walk from a doctor. During their first year of life, 95 per cent of all children are brought to a PHC between three and six times.

7. The infant mortality rate (IMR) is 65 per 1,000 live births and the under five mortality rate (U5MR) is estimated at 91 per 1,000 live births. Despite increased concerted efforts by the Government in the social and health areas, the progress

achieved so far remains vulnerable. For instance, IMR increased in the early 1980s, started to decrease in 1986, but now seems to be stagnant. There is a major disparity between IMR of the most populous island, Santiago (85 per 1,000 live births), and that of the other islands (55 per 1,000 live births). Infant mortality on Santiago has been reduced only slightly since independence in 1975, as a result primarily of a lack of water and the relatively late introduction of PHC services on the island.

8. Statistical data on the causes of infant mortality and morbidity are limited. However, available data show that the major causes seem to be diarrhoeal diseases and acute respiratory infections (ARI). Since 74 per cent of all infants are fully vaccinated, deaths due to measles and tetanus have been sharply reduced. Malaria, which was believed to have been eradicated, reappeared in 1988.

9. Cape Verde has a large structural food deficit. Food aid covers about 40 per cent of the country's requirements, resulting in a precarious food situation. Although data on children's nutritional status are inadequate, available figures indicate that from 3 to 4 per cent of children under five years of age suffer from severe malnutrition. The most critical period coincides with weaning. The most critical situations are those where food is scarce and of low quality and where mothers have to walk substantial distances to reach fields or fetch water, leaving their children to be taken care of by older siblings.

10. Maternal mortality is estimated at 60 per 100,000 live births. Tetanus toxoid coverage has reached 60 per cent. It is estimated that anaemia prevalence has dropped to about 30 per cent owing to the distribution of iron tablets to pregnant women. Nearly all mothers have an average of two to three prenatal examinations. Some 70 per cent of all deliveries take place at home with the assistance of a traditional birth attendant (TBA). The phenomenon of adolescent pregnancies is of particular concern.

11. Water is very scarce in Cape Verde. In rural areas, several hours' walk for a limited quantity of water (10 litres) is not uncommon. This places a heavy burden on women and children, as it is considered their duty. Water available through distribution systems is relatively expensive and this, for many families, reduces its de facto accessibility.

12. Water is not only scarce, it is also often unpotable. It is estimated that the majority of the population lacks access to potable water. This is particularly true in rural areas where water sources are frequently unprotected and water quality control and treatment activities are virtually non-existent.

13. Because of the scarcity of water as well as socio-cultural habits, the majority of the population lacks access to basic sanitation facilities. These are virtually non-existent in rural areas, while in urban areas only 2 per cent of houses are connected to a sewage system and only 6 per cent to a septic tank. There is limited garbage collection in the two major cities.

14. About 36 per cent of pre-school-age children are enrolled in kindergartens, 75 per cent of which are in rural areas and are the result of community initiatives.

15. Enrolment in primary school, which lasts four years, is approximately 90 per cent. However, enrolment at the middle level (lasting two years) is only 32 per cent. The repetition rate at both levels is 23 per cent and the drop-out rates are 5 and 9 per cent, respectively. Only 20 per cent of the teachers are qualified.

16. There is growing concern about children living in difficult circumstances, such as those abandoned by their parents during the time they work, those living in the street and those who work to an extent beyond what is considered acceptable.

PROGRAMME CO-OPERATION, 1986-1990

17. The 1986-1990 programme of co-operation focused on reducing infant mortality and morbidity in particular and on improving the situation of mothers and children in general. The programme strategy was based on strengthening and increasing PHC services, increasing access to water and improving sanitary conditions, enhancing the functioning of pre-school and primary education and promoting women's activities.

18. UNICEF assistance was mainly in the area of PHC, including immunization; the control of diarrhoeal diseases (CDD); nutrition; essential drugs; water and sanitation; formal and non-formal education; and income-generating activities for women.

19. Although supply assistance constituted a major programme element, programme co-operation increasingly focused on strengthening the Government's capacity in programme implementation. Studies and evaluations undertaken during the programme period have provided a better identification and definition of the required interventions.

Advocacy and social mobilization

20. Since independence in 1975, the Government has continued to demonstrate a strong political will to improve the situation of children and mothers. This has been complemented by the participation of the mass media and mass organizations in mobilization activities, especially for PHC purposes. Major allies have been radio, television and organizations such as the Organizaçao das Mulheres de Cabo Verde (OMCV) (Organization of Cape Verdean Women), the Organizaçao dos Pioneiros Abel Djassi (Abel Djassi Organization of Pioneers) and the Juventude Africana Amilcar Cabral (Amilcar Cabral African Youth). UNICEF has helped to improve their operational capacity to conduct mobilization activities through training and the provision of equipment and materials.

Expanded programme on immunization

21. Cape Verde has reached virtual universal access to and high coverage of vaccination services. In 1988, 90 per cent of all infants received three doses of combined diphtheria/pertussis/tetanus vaccine and 74 per cent were fully immunized. Those results were achieved through strong political will and

subsequent active support for improving the situation of children and mothers, including improved programme management, the progressive extension of vaccination service points, continuous on-the-job training of front-line health workers, increased efficiency of the expanded programme on immunization (EPI) infrastructure, which assured the timely delivery of vaccines and cold-chain equipment, and intensive social mobilization efforts.

22. UNICEF focused its EPI intervention on the training of 75 health personnel, including the training abroad of two cold-chain management technicians. It also focused on the supply of vaccines, vaccination and cold-chain equipment to all health structures and on providing logistical support. UNICEF also supported the social mobilization activities of the mass media and organizations during vaccination mobilization campaigns.

Control of diarrhoeal diseases

23. Despite increased and concerted CDD efforts, the case fatality and morbidity rates remain high, and diarrhoeal diseases continue to be the major cause of infant mortality and morbidity. However, a substantial reduction in the incidence of diarrhoea was noted in communities where a water supply system and latrines had been constructed, where water had been properly disinfected, where appropriate health and sanitation education had been provided and where the population had participated actively in project activities. The CDD project emphasized the education of families in the prevention and adequate management of incidences of diarrhoea as well as the promotion of oral rehydration therapy (ORT) among medical professionals.

24. In addition to ensuring an adequate supply of oral rehydration salts (ORS) (330,000 packets between 1986 and 1989), UNICEF also funded the training of 42 volunteers and front-line health workers in educating families on preventing diarrhoeal diseases and on adequate case management at the family level.

25. ORT is now a well-established practice in nearly all health structures, including the central hospital at Praia, where an oral rehydration unit was create with UNICEF assistance.

26. UNICEF also supported the annual information campaign during the rainy season when incidences of diarrhoea may increase tenfold.

Nutrition

27. In addition to providing growth charts to all health structures, support focused on the school canteen programme for pre-schools and primary schools, thereby helping to ensure a hot meal for 6,800 children in 52 kindergartens and 65,000 pupils in over 100 primary schools. UNICEF provided canteen equipment, foo and logistical support and assisted in the training of 100 school officials in programme management, nutrition, health and food hygiene.

Essential drugs

28. UNICEF supplied 12 types of essential drugs nation-wide at the PHC level and at the intermediate level in three regions.

29. In co-operation with the World Health Organization (WHO), contacts were intensified with the Government in order to examine the conditions for and modes of implementing the Bamako Initiative.

Training for health

30. Training has been an important component of co-operation, especially at the PHC level. Some 774 health agents (42 volunteers, 62 social workers, 226 community workers and 444 TBAs) were trained in child survival and development (CSD) issues, and their communication skills were improved. Annual assistance was given to the national meeting of PHC personnel to strengthen their knowledge of CSD-related issues.

Water and sanitation

31. UNICEF assistance in this area has been mainly through the integrated basic services project on the island of Santo Antão, which covers more than 11,000 persons and is financed with supplementary funds from the Government of Finland. It aims to improve living conditions in general, and health and environmental conditions in particular, in 39 localities in three regions of the island by increasing (a) access to potable water through the construction of 133 cisterns and 17 new gravity water supply systems and the repair of old systems; (b) basic sanitation services and facilities through the construction of 173 latrines and sanitary complexes and the upgrading of existing complexes; and (c) water quality control and water treatment activities. These activities have been integrated with PHC, health education, community development and income-generating activities. Training and community participation have also constituted a major element of the project.

Women's activities

32. UNICEF channelled its intervention in this area primarily through OMCV, which develops activities for women at the community level.

33. The OMCV literacy programme was supported through funding for the training of 75 literacy trainers and four co-ordinators and the production of literacy materials. Some 2,500 women, representing 60 per cent of the OMCV target group, were included. UNICEF also funded the production of post-literacy reading materials and financed a production unit for this purpose.

34. The initiation of OMCV income-generating activities was supported in three rural areas, covering more than 100 women. The upgrading of a ceramic unit was also facilitated through the provision of equipment and logistical support and by improving the working conditions of 83 employees.

35. UNICEF also has assisted in the construction and equipping of four OMCV community centres where activities such as literacy classes, co-operatives, kindergartens and health education were organized.

Education

36. In the area of pre-school education, in addition to its assistance to the pre-school canteen programme, UNICEF helped to equip 40 kindergartens serving 1,400 children and funded the training of 400 kindergarten staff in early childhood development, CSD-related issues and teaching methods. UNICEF also facilitated the participation of four key persons in training activities abroad.

37. In 1986 and 1987, UNICEF provided school materials to 363 primary schools, serving 30,000 pupils, or 50 per cent of the primary school population. At the 1988 annual review meeting between the Government and UNICEF, it was decided that UNICEF would continue to support the primary school canteen programme. Other assistance would focus primarily on improving the learning conditions and environment of deprived students in Praia through the United Nations Development Programme (UNDP)-funded rehabilitation of deprived quarters project. For this purpose, 18 classrooms for more than 1,000 students were equipped.

38. In the area of post-literacy activities, UNICEF financed the creation and production of 5,000 copies of a monthly journal targeted to new literates. The training of 20 persons to produce and run the journal was also supported.

Constraints and lessons learned

39. The Government's decentralization policy, coupled with its responsiveness and commitment to tackling problems affecting mothers and children, has enabled UNICEF to support effective activities undertaken by local authorities. Because this has led to a better targeting of UNICEF assistance, the approach will be continued and intensified. As a result, support from the donor community has been positive and sustained.

40. Programme co-operation has benefited from the multisectoral approach, as demonstrated in the Santo Antão integrated project. However, interaction between certain sectors such as health and education could be strengthened.

41. UNICEF support for improving the nutritional status of the pre-school group and its contribution to early childhood development have stimulated increased awareness and commitment by the Government and have also catalysed community participation and response. This progress has paved the way for the development of a national policy in this area.

42. Although social mobilization has substantially increased the demand for PHC services, particularly immunization, the response of mass organizations and the media in rural areas has not yet reached its full potential. Therefore other, more community-based allies need to be identified. In order to increase the effectiveness of educational activities, particularly at the community level, the communication skills of health agents need to be upgraded and their messages better defined and focused.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1994

Recommended general resources: $1,500,000
Supplementary funds: $5,596,000

Recommended programme co-operation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
National-level programmes			
Basic health services	-	2 000	2 000
Basic education	425	823	1 248
Pre-school education and young child development	325	-	325
Children in especially difficult circumstances	300	-	300
Women in development	-	598	598
Social mobilization	-	175	175
Subtotal	1 050	3 596	4 646
Area-based programmes			
Santiago Island: integrated programme	450	1 200	1 650
Santo Antão: integrated project	-	800	800
Subtotal	450	2 000	2 450
Total	1 500	5 596	7 096

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

43. The 1990-1994 country programme of co-operation was developed jointly by the Government of Cape Verde and UNICEF and was prepared within the framework of Government and UNICEF policies. It was based on an analysis of past experience, the situation of women and children and the country's economic situation.

44. The overall goal of the programme is to increase and improve the fulfilment of health, nutritional and educational needs of children and women.

45. The general strategy of the 1990-1994 programme will be based on consolidating the progress achieved to date in CSD, reinforcing management capacity at all levels, ensuring the integration of vertical programmes with effective mechanisms for co-ordination and encouraging community participation in the implementation of activities and in cost-recovery of services offered. Focusing on priority areas and the utilization of high-impact, low-cost interventions, as well as the decentralization of responsibility, will be key factors in ensuring community credibility and support.

46. The Government and UNICEF have agreed that special attention will be given to the whole of Santiago Island, to semi-arid and sub-humid areas and to deprived urban areas. It was further agreed that the following will be priority target groups: children and women from fisheries communities; children from large families and families of public works labourers; female heads of households; single mothers; and children in especially difficult circumstances.

47. The new programme of co-operation will consist of three national programmes on health, education and women in development, as well as two area-based programmes: a CSD project on the island of Santiago and an integrated project on the island of Santo Antão.

48. Major considerations in prioritizing UNICEF interventions and allocations from limited general resources have been:

(a) The precarious situation on the island of Santiago (as evidenced by a stagnating and comparatively high IMR, a relatively poor PHC infrastructure, a lack of water and the size of its population), which has created an imbalance in the nation's overall health status;

(b) The fact that Cape Verde, having reached virtually universal child immunization, would require supplementary funding to further reduce its U5MR. Instead, there will be an increased focus on sustaining progress to date and tackling direct and indirect causes of mortality and morbidity;

(c) The need for child survival successes achieved so far to be balanced by increased attention to the quality of child development, with an emphasis on education.

National-level programmes

Primary health care

49. The emphasis will be on strengthening the integrated PHC programme in the context of the Bamako Initiative, with a social communications component based on the Facts for Life strategy. The objectives of the health programme are to improve the health situation of the population in general, and of women and children in particular, by increasing access to sustainable and efficient PHC services, and to promote community participation and intersectoral co-operation. More specifically, the programme aims by 1994 to reduce (a) IMR from 66 to 50 per 1,000 live births; (b) the maternal mortality rate from 60 to 40 per 100,000 live births; (c) severe malnutrition from 3 to 1 per cent; and (d) mild and moderate malnutrition from 20 to 10 per cent. In order to better define and target interventions, a comprehensive study will be undertaken on the causes of infant and maternal mortality.

50. The PHC programme aims at integrating the following mutually supportive components: EPI; CDD; promotion of nutrition and control of ARI; supply of essential drugs; and maternal care (safe motherhood). Although presented by individual project component, training activities will be implemented in an integrated way to the greatest extent possible.

51. The objectives of advocacy, social mobilization and communication activities will be to increase parents' knowledge of major health-related problems affecting children, to increase community participation and to intensify national awareness of the situation of women and children. UNICEF will support such activities in all sectors.

52. Training and the supply of audio-visual equipment will strengthen the capacity of mass organizations and the media in their mobilization and communication activities, particularly at the community level. Within the health sector, special support will be given to the recently established health education centre, which will develop and co-ordinate all advocacy, social mobilization and communication activities. It is expected that the centre will play a major role in the dissemination of Facts for Life messages.

53. Expanded programme on immunization. EPI assistance aims to sustain the current universal coverage by antigen and to raise the coverage of fully immunized infants from 74 to 85 per cent by 1990 and the protection of all new-borns with tetanus toxoid from 47 to 85 per cent by 1993 through targeted vaccinations of pregnant women and secondary school girls. Disease reduction objectives include the elimination of neonatal tetanus by 1995, the elimination of poliomyelitis by 1992 and the interruption of transmission of measles by 1992.

54. UNICEF will (a) provide vaccines, vaccination and cold-chain equipment to 58 new vaccination posts in specific deprived geographic areas as well as vaccines and vaccination equipment to all existing health units; (b) help to upgrade the cold-chain infrastructure; (c) fund on-the-job training of front-line health workers and volunteers and the training of mid- and national-level health staff in

cold-chain management, programme management, monitoring, evaluation and supervision; and (d) support immunization coverage and knowledge, attitude and practice studies, as well as an evaluation in 1994.

55. Control of diarrhoeal diseases. Because diarrhoeal diseases have been identified as the primary cause of infant mortality and morbidity, the aim is to reduce the morbidity rate among children under five years of age from 30 to 20 per cent, and the case fatality rate from 35 to 15 per cent by 1994. The first part of the approach will focus on the prevention of diarrhoeal diseases through increased knowledge of preventive measures to be taken at the family level, increased access to potable water and increased coverage by basic sanitation services and facilities. The second part will focus on adequate case management at the family and health structure levels.

56. UNICEF will focus its assistance on (a) the training of five national-level staff in programme management, 40 front-line health workers and 780 volunteers in the prevention and effective case management of diarrhoea at family and health structure levels, and 14 technicians in water quality control; (b) educational activities aimed at teaching families how to prevent and manage incidences of diarrhoea; (c) the establishment of ORT units in 104 existing health structures and the construction of 60 latrines and 40 water reservoirs in schools and rural communities of the Praia district; (d) the provision of water treatment products; and (e) research and data collection.

57. Nutrition promotion. In order to incorporate all nutrition-related activities in a comprehensive strategy, UNICEF will collaborate with relevant United Nations agencies in the establishment of a national food and nutrition programme policy.

58. In order to reduce severe malnutrition among children under five years of age from 3 to 1 per cent, and mild and moderate malnutrition from 20 to 10 per cent, growth monitoring and promotion as well as nutrition education activities will be intensified and reinforced.

59. UNICEF assistance will focus on the establishment of growth monitoring and promotion and nutrition education services in 81 additional health structures and kindergartens, the establishment of three community nutrition centres and the training of 45 health personnel in nutrition-related issues.

60. Control of acute respiratory infections. Because ARI has been identified as the second major cause of infant mortality and morbidity, the aim is to reduce the case fatality rate from 20 to 12 per cent and the morbidity rate among children under five years of age from 38 to 30 per cent by 1994. This will be achieved primarily through prevention and improved case management at the family level (treatment, timely referral, etc.), as well as at the health structure level (standardized treatment).

61. UNICEF will fund the training of two trainers and 50 nurses and front-line health workers and the retraining of 40 doctors and four pharmacists. It will also provide antibiotics for ARI treatment and will fund research and data collection and educational activities.

62. Safe motherhood. The objectives of maternal health activities are to reduce the maternal mortality rate from 60 to 40 per 100,000 live births, to increase the average number of prenatal consultations to four per pregnancy by 1991, to reduce the number of home deliveries by 30 per cent by 1994 and to address the issue of adolescent pregnancies.

63. UNICEF assistance in maternal health activities will focus on the training of four mid-level and 41 maternity health personnel and 400 TBAs. It will also focus on the supply of equipment to PHC structures and on support for secondary-level referral. Training will emphasize educational activities for adolescent girls as well as timely identification of high-risk pregnancies. A survey on causes of maternal mortality will be conducted in 1991 to better define and target interventions.

64. Supply of essential drugs and cost recovery. Through technical assistance, the Government will be supported in developing PHC policies and services following the Bamako Initiative approach. It is expected that this will help to reinforce the existing supply system of essential drugs from the central to the PHC and community levels, as well as aid in the establishment of a cost-recovery system. For this purpose, a feasibility study will be undertaken in 1990.

65. UNICEF will continue to provide 100 per cent of the essential drugs needed at the PHC level, as well as 100 per cent of the country's demand for anti-malarials, ORS and antibiotics for ARI treatment.

Education

66. The objective of the education programme is to contribute to universal basic education lasting six years and to reach the global goal of "Education for All" by 1994. The education programme will consist of four projects, as described below.

67. Pre-school education. The project aims at extending and strengthening community-initiated pre-school education facilities in rural areas having a high level of family participation. This will be achieved through (a) the creation of pre-school education facilities for an additional 20,000 children by 1994, thus increasing national coverage from 36 to 50 per cent, and to 80 per cent in the most deprived areas of Boavista, Tarrafal, Porto Novo and Ribeira Grande; (b) the consolidation of the existing network, mainly through the provision of school and canteen equipment; (c) increasing the teaching, supervisory and management skills of relevant staff; (d) increasing co-ordination within this sector; and (e) its integration within the structure of the Government.

68. UNICEF will support staff training, provide equipment to pre-school education facilities and finance studies on the impact of kindergartens on the efficiency of primary school education and on the nutritional status of children.

69. Primary school education. The aim of the project is to increase the study performance of deprived students by improving their learning environment and conditions.

70. Subject to the availability of supplementary funds, UNICEF will help to equip 29 classrooms, serving 1,220 students, that were built on the island of Santiago with financial assistance from the United Nations Capital Development Fund. It is expected that this will eliminate the practice of triple sessions.

71. UNICEF will also help to strengthen the operational capacity of mobile teacher units by providing logistical support as well as the production and reproduction equipment for educational materials.

72. Literacy training. The project aims to reduce the overall illiteracy rate from 39 to 12 per cent by 1995, to increase the literacy rate among women to 80 per cent and to ensure the nation-wide elimination of illiteracy among young adolescents and the complete elimination of illiteracy on the islands of Boavista, Maio and Brava.

73. From 1991 to 1995, the Ministry of Education, with UNICEF assistance, will organize four literacy campaigns, covering 12,000 persons (3,000 per year), as well as four post-literacy campaigns, covering 10,000 new literates (2,500 per year).

74. UNICEF will continue to finance the production of the monthly journal for new literates and will facilitate its upgrading.

75. Children in especially difficult circumstances. This project is aimed at children and adolescents living in the margins of society and showing deviant behaviour. Fifteen community centres to be created nation-wide will offer protection, educational and recreational activities and consulting services for both parents and children.

76. Support will be given to strengthening the operational capacity of the 15 centres by providing equipment and audio-visual materials. Logistical support will also be provided to the technical secretariats responsible for assisting and supervising the centres.

Women in development

77. The women in development project aims at supporting OMCV community-level activities in five districts that will empower women to improve their own situation as well as that of their families.

78. OMCV will be a major partner of the Ministry of Education in reducing illiteracy. Activities in this area will be targeted exclusively to women. Literacy and post-literacy training activities will be strengthened through the creation of 400 groups and the training of 400 trainers and 30 programme co-ordinators as well as through the provision of educational and reading materials.

79. Through the funding of five workshops, UNICEF will help to intensify health education activities for a total of 375 women, with adolescent girls as the priority target group. These workshops will be organized in co-operation with local health personnel and supported by educational radio programmes.

80. Income-generating activities will be reinforced through the funding of two workshops on management and marketing and through studies on the informal sector and on potential profitable activities. A revolving fund aimed at the expansion of existing profitable activities will be created.

81. UNICEF will help to strengthen the operational capacity of four community centres through the supply of audio-visual equipment, the funding of five workshops on household budgeting, as well as through technical assistance.

82. To complement the pre-education school project, UNICEF will help to strengthen the operational capacity of kindergartens in target areas, emphasizing the construction and equipping of facilities and the training of teachers.

Area-based programmes

Santiago Island: accelerated child survival and development programme

83. More than 60 per cent of all infant deaths occur on Santiago Island. Therefore, a special effort will be made to accelerate the reduction of IMR from 85 to 60 per 1,000 live births by 1994. Since diarrhoeal diseases are the major cause of infant mortality, the programme will target preventive activities. The programme will consist of two complementary projects that are expected to contribute to the prevention of diarrhoea among infants and subsequently to the accelerated reduction of infant and child mortality on the island.

84. Basic health project. The basic health project will focus on improving health and hygiene on the island through a set of multisectoral activities in all four districts.

85. Community-level health activities will be intensified through the training of community health workers in improving health and hygiene at the community level. The rehabilitation and equipping of 34 health units is also planned.

86. The protection and equipping of 50 existing wells and the training of municipality and water resource committee staff in water disinfection techniques are expected to help improve water quality.

87. In order to improve hygiene and sanitary conditions, the project will facilitate the construction of 100 latrines, the collection of garbage and the installation of hygiene and sanitation units in each of the four districts. Interventions will be supported by educational and mobilization activities among local authorities and students.

88. Water and sanitation project. Like the basic health project, the water and sanitation project will focus on improving health and hygiene conditions but will concentrate its interventions in two districts, Tarrafal and Santa Catarina.

89. The project aims to increase the percentage of persons with access to potable water from 50 to 70 per cent (an additional 11,200 persons), to increase the percentage of families with access to basic sanitation services and facilities from

3 to 10 per cent (an additional 300 families) and to improve the sanitary conditions in the two urban centres of the two districts, affecting 13,500 persons, by 1993.

90. This is expected to be achieved through (a) the construction of water supply systems, 150 cisterns tanks and 300 latrines; (b) the supply of containers for garbage collection; and (c) the establishment of an infrastructure responsible for undertaking water quality improvement activities. Activities will be supported through the training of project personnel and through intensified involvement of front-line health workers in CDD activities.

Santo Antão: integrated project

91. The integrated basic services project, initiated in 1986 on the island of Santo Antão, will be continued through a second phase that will focus on improving health and environmental conditions by increasing access to potable water and basic sanitation facilities. The activities will be integrated with PHC, health education, community development and social mobilization activities. The project aims to increase from 40 to 75 per cent (an additional 19,000 persons) the percentage of the rural population having access to a minimum of 30 litres of potable water per person per day by 1994. The project will further improve sanitation conditions in the three urban centres (affecting 10,000 persons) and increase access to basic sanitation services and facilities in rural areas from 10 to 20 per cent by 1993. Priority will be given to female-headed households.

92. Project activities will comprise (a) the construction of water supply systems in 50 localities, 200 cisterns and 400 latrines; (b) the supply of containers for garbage collection; (c) the establishment of an infrastructure responsible for undertaking water quality improvement activities; (d) the establishment of basic sanitation services and facilities in the three urban centres; (e) maintenance of existing supply systems and sanitation complexes; (f) water quality improvement activities; and (g) strengthening of health structures. Interventions will be supported through the training of project personnel as well as through hygiene and sanitary education activities.

Monitoring and evaluation

93. Twice a year, the Government and UNICEF will review the progress of programme implementation and make any adjustments deemed necessary against defined objectives and work plans.

94. The monitoring system will help to strengthen the implementation capacity of government departments and organizations at different levels. UNICEF will help to improve the capacity of the Government at the central level to process and analyse data collected.

95. Information from the monitoring system will be supplemented with specific studies and evaluations. This will enable the Government and UNICEF to measure the impact of programme interventions on the situation of children in Cape Verde. Activities in this area will help UNICEF to define and develop appropriate advocacy activities.

96. In order to assist in better defining and targeting interventions, an intensive study will be undertaken on the causes of infant and maternal mortality.

Co-operation with other agencies of the United Nations

97. United Nations agencies have participated in all phases of the country programming exercise. Together with the active participation of UNICEF in meetings of the Joint Consultative Group on Policy, this will help to strengthen present collaboration.

98. As in the past, regular consultation, exchange of information and close co-operation is expected to continue with UNDP, WHO, the United Nations Population Fund (UNFPA) and the World Food Programme. Co-operation will be strengthened with the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organisation (ILO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

99. The co-operation that has been developed with bilateral donors, specifically Canada, France, Switzerland and the United States of America, as well as with international and national non-governmental organizations, will be pursued and strengthened in the framework of the next co-operation programme.

CAPE VERDE

Basic data: 1988 and earlier years

			UNICEF country classification
Under-five mortality rate	91	(1988)	Middle USMR
Infant mortality rate	65	(1988)	Middle IMR
GNP per capita	$500	(1987)	Lower-middle GNP
Total population	0.4 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	10	10	12	14
Infant deaths (under 1)	(thousands)	1	1	1	1
Under-five deaths	(thousands)	1	1	1	1
Under-five mortality rate (per 1,000 live births)		156	113	99	91
Infant mortality rate (under 1) (per 1,000 live births)		111	81	70	65

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1983)	Moderate & severe	..	19
	Severe	..	6
Babies with low birth weight (%)		..	..
Children completing primary level (% of first grade, 1986)		..	39

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%)		.. /..1..	.. /..1..
Prevalence of wasting (%, 1985)		..	3
Prevalence of stunting (%, 1983)		..	24
Daily per capita calorie supply (% of requirements, 1978-1980/1984-1986)		117	125
Food production per capita index (Index 1979-1981=100, 1980)		122	..
Household expenditure (% of total income)	All food/cereals	.. /..	../..

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			9
Access to health services (% of population, 1984)	Total	..	..
	Urban/rural	../..	100*/..
Access to safe water (% of population, 1980/1986)	Total	44	69
	Urban/rural	100/21	83 /50
Access to adequate sanitation (% of population, 1980/1986)	Total	20	20
	Urban/rural	34/10	32 / 9
Births attended by trained personnel (%, 1983/1988)			30*
Maternal mortality rate (per 100,000 live births, 1975/1988)		130	60*

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	..	..	99	100
	DPT	..	..	92	90
	Polio	..	..	87	87
	Measles	..	..	75	80
Pregnant women (%) immunized against	Tetanus	..	..	6	60

CAPE VERDE

Basic data: 1988 and earlier years			UNICEF country classification
Under five mortality rate	91	(1988)	Middle U5MR
Infant mortality rate	65	(1988)	Middle IMR
GNP per capita	$500	(1987)	Lower-middle GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	112/89	108/88
(%, 1980/1987)	Male	117/91	112/90
	Female	108/86	105/86
Secondary enrolment ratio (gross/net)	Total	8/..	14/ 9
(%, 1980/1987)	Male	9/..	15/ 9
	Female	7/..	12/ 8
Adult literacy rate, 15 years & older	Total	37	50
(%, 1970/1985)	Male/female	../..	61/39
Radio/television sets			
(per 1,000 population, 1980/1987)		139/..	152/..

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	0.3	0.3	0.3	0.4	0.5
Population aged 0-15 years	(millions)	..	0.0	0.1	0.0	0.2
Population aged 0-4 years	(millions)	..	0.1	0.0	0.1	0.1
Urban population (% of total)		19	42	53	58	70
Life expectancy at births (years)	Total	52	58	60	61	66
	Male/female	51/53	56/60	58/62	60/63	64/68
Total fertility rate		5.8	5.2	5.2	5.2	4.7
Crude birth rate (per 1,000 population)		36	33	36	39	36
Crude death rate (per 1,000 population)		11	11	11	10	7

		About 1980	Most recent
Contraceptive prevalence rate			15*
(%, 1988)			
Population annual growth rate	Total	..	2.4
(%, 1980-1988)	Urban	..	6.5

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	1.2
(%, 1980-1987)			
Inflation rate (%, 1980-1987)		..	14
Population in absolute poverty	Urban/rural	.. /..	.. /..
(%)			
Household income share	Top 20%/bottom 40%	.. /..	50*/20*
(%, 1986)			
Government expenditure	Health/education	.. /..	5*/ 7*
(% of total expenditure, 1985)	Defence	..	5*
Household expenditure	Health/education	.. /..	.. /..
(% of total income)			
Official development assistance:	US$ millions	..	11*
(1986)	As % of GNP	..	..
Debt service			
(% of goods & services exports)		..	..

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1986-1989

(Thousands of United States dollars)

COUNTRY: CAPE VERDE
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $330,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	32	498	27	55		224	4	227	63	1004	1067
Water supply and sanitation		1012		28		391		159		1590	1590
Nutrition		15						24		39	39
Education	75	16	18	44			64	34	157	94	252
Community organization and development		34	10	12			3	227	13	273	286
Women-centred programme		5		3				39		47	47
Emergency		362		14	3	24	2	60	5	460	465
Planning and project support	127	25	1	22		20	54	104	181	171	352
Freight	31	248							31	248	279
GRAND TOTAL	265	2216	56	178	3	659	126	874	451	3926	4377

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: CAPE VERDE Period covered: 1990-1994	Funding status	1990	1991	1992	1993	1994	Total
A/ National-level programmes							
Health							
Immunization	NSF	250	200	200	200	150	1000
Control of diarrhoeal diseases	NSF	32	32	33	33	28	158
Essential drugs and promotion of the Bamako Initiative	NSF	120	120	120	120	120	600
Other health	NSF	45	53	48	49	47	242
Subtotal, health	NSF	447	405	401	402	345	2000
Education							
Basic education	GR	85	85	85	85	85	425
	NSF		387	162	137	137	823
Pre-school education	GR	65	65	65	65	65	325
Subtotal, education	GR	150	150	150	150	150	750
	NSF		387	162	137	137	823
Women-centred programme	FSF	110					110
	NSF		100	144	131	143	598
Children in especially difficult circumstances	GR	60	60	60	60	60	300
Advocacy	FSF	60					60
	NSF		55	45	40	35	175
Subtotal, national-level programmes	GR	210	210	210	210	210	1050
	FSF	170					170
	NSF	447	1027	752	710	660	3596

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING (continued)

(Thousands of United States dollars)

Country: CAPE VERDE Period covered: 1990-1994	Funding status	1990	1991	1992	1993	1994	Total
B/ Area-based programmes							
Santiago integrated programme	GR	90	90	90	90	90	450
	NSF		600	350	250		1200
Santo Antao integrated programme	FSF	500					500
	NSF		270	270	260		800
Subtotal, area-based programmes	GR	90	90	90	90	90	450
	FSF	500					500
	NSF		870	620	510		2000
TOTAL	GR	300	300	300	300	300	1500
	FSF	670					670
	NSF	447	1897	1372	1220	660	5596
GRAND TOTAL		1417	2197	1672	1520	960	7766

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: CAPE VERDE	Number of posts	1990-1991 amount (thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	1	197
Local national Professional and General Service established posts		
Operating costs		179
Total	1	376
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources		
Supplementary funds	2	328
Local national Professional and General Service project posts		
General resources		
Supplementary funds	6	125
Total	8	453

a/ For information source, see 1990 post authorization table, revised October 1989.